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PREPARED BY:		APPROVED BY:
Dy. Medical Superintendent		Chief Executive Officer

1. PURPOSE

- 1.1. To conduct internal audits at planned intervals to determine whether quality management system
- 1.2. Confirms to the planned arrangements, requirements of NABH, NABL & NABL 112 guidelines, and to the quality management system of Apollo Hospital, Secunderabad.
- 1.3. Is effectively implemented and maintained.

2. SCOPE

- 2.1. This procedure applies to all activities defined in QMS documents.


3. RESPONSIBILITY

- 3.1. Management Representative (Quality Officer), Identified Internal Auditors and Technical experts.

4. DEFINITIONS

- 4.1. **Audit:** Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.

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4.2. **Internal Audits:** Sometimes called first party audits, are conducted by or on behalf of the organization itself for management review and other internal purposes, and may form the basis for an organization's declaration of conformity. In many cases, particularly in smaller organizations, independence can be demonstrated by the freedom from responsibility for the activity being audited.

4.3. **External Audits:** It will include those generally termed second and third party audits. Second party audits are conducted by parties having an interest in the organization, such as customers, or by other persons on their behalf. Third party audits are conducted by external, independent auditing organizations, such as those providing certification / registration of conformity to NABH or NABL etc.

4.3.1. When two or more management systems are audited together, this is termed a combined audit. When two or more auditing organizations cooperate to audit a single auditee, this is termed a joint audit.

4.4. **Audit Program** set of one or more audits planned for a specific time frame towards a specific purpose.


4.5. **Audit criteria:** Set of Policies, Procedures or requirements

4.6. **Audit evidence:** Records, statements of fact or other Information which are relevant to the audit criteria and verifiable.

4.7. **Audit findings:** Results of the evaluation of the collected audit evidence against audit criteria

4.8. **Audit conclusion:** Outcome of an audit provided by the audit team after consideration of the audit objectives and all audit findings

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4.9. **Audit client:** Organization or person requesting an audit

4.10. **Auditee:** Organization being audited

4.11. **Auditor:** Person with the demonstrated personal attributes and competence to conduct an audit

4.12. **Audit team:** One or more auditors conducting an audit, supported if needed by technical experts

5. Technical expert

5.1. (Audit) Person who provides specific knowledge or expertise to the audit team

5.2. Note 1: specific knowledge or expertise relates to the organization, the process or activity to be audited or language or culture.

5.3. Note 2: A technical expert does not act as an auditor in the audit team.


5.4. **Audit plan:** Description of the activities and arrangements for an audit.

5.5. **Audit scope:** Extent and boundaries of an audit.

6. PROCEDURE


6.1. The MR/QO identifies a group of employees in consultation with Administrator as Internal Auditors for conducting internal audits for NABH, NABL quality management system based on their qualification, experience and training.

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7. MR/QO assesses the requirement of Technical experts, if required arranges for the same (for auditing NABH Standards, Dy.M.S (Medical area) & Nursing Superintendent (Nursing area) & from other areas if required – carries out audit as a team).
8. The MR/QO ensures that the auditors are adequately trained and does not audit same function.
9. Internal Quality Audit is carried minimum once in four months by the auditors.
10. The MR/QO prepares a yearly audit plan and internal audit schedule in the formats, respectively. Internal audits are scheduled taking into consideration the status and importance of the processes and areas to be audited, as well as the results of previous audits.
11. MR/QO communicates to all concerned, the audit date, formally and well in advance through internal audit schedule. In case of need, MR/QO may avail services of external agency for conduct of internal audits on approval of Managing Director / Director of Medical Service / Administrator.
12. Before each audit, the MR/QO convenes a meeting of auditors to:
13. Assign audit responsibility to audit team or individual auditor, in such a way that the auditor does not audit an area where he has direct responsibility.
14. Issue blank NCR forms to auditor.
15. Reviews progress of previous audits.
16. An audit checklist is used as guideline for conducting the audit.
17. After performing audit, the auditors prepare Non Conformity Report (NCR). For each auditee a separate Non Conformity Report is used.

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18. The auditors discuss non-conformities with the auditee. The auditee proposes corrective actions and indicates tentative date for completing corrective action in the corresponding NCR form.
19. The NCR form is duly signed by both, auditor and auditee.
20. On completion of corrective action, the auditee informs to any internal auditor / MR/QO on details of action taken and for its closure.
21. Auditor / MR/ QO verify the effectiveness of corrective action taken during follow-up and if satisfactory, close the NCR.
22. If the corrective action taken by auditee is found unsatisfactory, Auditor / MR/QO records the same in corresponding NCR and obtains auditee's signature.
23. In both the cases the Auditor informs MR/QO on NCR status.
24. The training records of internal auditors are maintained by MR/QO.
25. The audit findings are discussed in the next Quality Steering Management Review meeting.

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